PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

24737

P.O. BOX 3001

APPLICATION NO.

10/536,813

MEDICAL IMAGES

7590

BRIARCLIFF MANOR, NY 10510

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

12/22/2008

PHILIPS INTELLECTUAL PROPERTY & STANDARDS

FILING DATE

05/27/2005

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

Patricia A. Heim

/Patricia A. Heim/

March 20, 2009

ATTORNEY DOCKET NO.

FR 020124

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

CONFIRMATION NO.

6642

(Signature

INSTRICTIONS: This form should be used for transmitting the ISSUE IEE and PUBLICATION IEE (if required) block: I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification or maintenance fee even the mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS Obse: Us Block 1 for any change of address)

Note: A certificate of mailing can only be used for of omestic mailings of the Fee(s) Transmitted. This certificate on be used for any other accompanying

FIRST NAMED INVENTOR

Sherif Makram-Ebeid

TITLE OF INVENTION: IMAGE PROCESSING SYSTEM AND MEDICAL EXAMINATION APPARATUS FOR CORRELATING FEATURES IN

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/23/2009
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS]		
BITAR, NANCY 2624		2624	382-I28000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form TTOSB/1/22) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB/47, Rev 03-92 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 5 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent in the patent. 2 registered patent attorneys or agents. If no name is listed, no name with per printed.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Koninklij	less an assignee is ident th in 37 CFR 3.II. Com GNEE jke Philips Ele	ified below, no assignee pletion of this form is NO ottronics N. V.	THE PATENT (print or ty data will appear on the p of a substitute for filing an (B) RESIDENCE: (CIT'Y Eindhoven, rinted on the patent):	atent. If an assignee is it assignment. and STATE OR COUNT The Netherlands	TRY)	
4a. The following fee(s) are submitted: 2 Insue Fee 2 Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
- 11	ns SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMALL EN	ITTY status. See 37 CFR	1.27(g)(2).
NOTE: The Issue Fee ar interest as shown by the	d Publication Fee (if req records of the United St	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	he applicant; a registered	attorney or agent; or the	assignee or other party ir
Authorized Signature		Glickberg/ Glickberg		Date	51.742	
Typed or printed nam	ie			Registration No	31,712	
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	d application form to the ions for reducing this bu /irginia 22313-1450. DG	CFR 1.311. The information of U.S.C. 122 and 37 CFR as USPTO. Time will vary rden, should be sent to the D NOT SEND FEES OR	on is required to obtain or i 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the pub imated to take 12 minutes idual case. Any comment rr, U.S. Patent and Trader D THIS ADDRESS. SEN	lic which is to file (and b is to complete, including is on the amount of time nark Office, U.S. Depart D TO: Commissioner for	y the USPTO to process gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033